

## **Instructions for the Initial Abatement & Free Product Recovery Reimbursement Worksheet**

### **General Instructions:**

This reimbursement worksheet shall be completed per 401 KAR 42:250 to initiate reimbursement for actions directed by the cabinet for initial abatement and free product recovery. The following identifies the fixed cost allowed per task performed for actions directed by the cabinet. Reimbursable rates include all costs associated with the actions being performed. The rates prescribed in this reimbursement worksheet shall include, but are not limited to, facility visits, scheduling, personnel providing oversight, labor, equipment and material needed in order to perform the listed actions, per 401 KAR 42:250 "Contractor Cost Outline" (January 2006).

Only those tasks directed by the cabinet in a written directive shall be included on this reimbursement worksheet. Reimbursement for costs associated with the written directive is contingent upon a determination by the cabinet's technical review that the report required by each written directive is complete and meets the requirements of 401 KAR Chapter 42.

Reimbursement shall be made based on the pre-established fixed cost as indicated on the reimbursement worksheet minus the applicable entry level amount, unless previously deducted from prior claim payments.

### **General Information**

Agency Interest Number: Type the Agency Interest number.

### **Completion of Reimbursement Worksheet**

1. **Mobilization and Demobilization of Personnel to the Regulated Facility.** Enter daily round trip mileage from the contractor's office to the regulated facility for oversight personnel (one individual) if there is no overnight stay. If an overnight stay for oversight personnel is necessary, enter mileage for a single round trip from the contractor's office to the regulated facility.

Enter the number of overnight stays. An additional 5 miles will be allowed per day for each overnight stay required.

2. **Per Diem.** Enter the number of overnight stays for oversight personnel and submit copies of hotel receipts with the reimbursement worksheet, if applicable. Per diem reimbursement for non supervisory personnel has been integrated into the unit rates established.

3. **Field Equipment.** Enter the number of days that field equipment was in use by contractor personnel at the regulated facility.

Enter the number of days that tools of the trade were in use by contractor personnel at the facility.

4. **Pumping, Treatment and Discharge of Contaminated Water from a Mobile Unit.** Enter the number of gallons treated. Include documentation to support the number of gallons treated. Enter the round trip mileage to transport the mobile unit to the facility.

5. **Pumping and Transportation of Contaminated Pit Water or Groundwater from an Open Pit.** Enter the number of gallons transported for disposal. This amount shall correspond with the waste manifest provided for disposal.

6. **Disposal of Contaminated Pit Water or Groundwater in a Wastewater Treatment Plant or Recycling Facility.** Enter the number of gallons disposed. Include the waste manifest from the disposal facility to support the gallons disposed. Enter the actual cost of disposal at the point of final disposal and include the invoice as an attachment. Reimbursement will be made based upon the actual cost of disposal not to exceed the maximum allowed.

7. **Transportation of Drummed Hazardous Waste or Purged Water.** Enter the number of drums transported. This shall correspond with the number of drums included on the waste manifest submitted with the disposal costs.
8. **Disposal of Drummed Hazardous Waste or Purged Water.** If the drum(s) contain hazardous waste, enter the actual cost of disposal listed on the invoice. Include the invoice and waste manifest from the actual disposal facility as Attachment #17. If the drum contains purged water, enter the number of drums disposed. Include the total number of drums disposed. This number shall correspond with the number of drums listed on the waste manifest.
9. **Installation of Recovery Well.** Enter the number of recovery wells installed. If a well or wells are installed at a depth greater than 30', enter the cumulative additional footage for all wells installed under "additional footage". For example, if 3 wells are installed and 1 well is 30 feet deep and the other two wells are 40 feet deep, enter 20 feet under "additional footage".

A charge for mobilization and demobilization of drilling equipment shall be submitted for reimbursement, if recovery wells are directed. Mileage charged is round trip from the contractor's or subcontractor's office providing the drilling equipment to the regulated facility.
10. **Surveying, per Recovery Well.** Enter the number of recovery wells surveyed. This shall correspond with the number of new wells installed
11. **Free Product Recovery (by hand bailing).** Enter the number of wells hand bailed.
12. **DPE Event (Dual Phase Extraction).** Enter the number of days the DPE system was in operation at the facility. If the event exceeds twenty-four (24) hours, enter the additional number of days. If the amount of time over twenty-four (24) hours is less than a twenty-four (24) hour period, enter the fraction of a day. For example, if the system is in operation for 32 hours, the number of days entered in the "over 24 hours" space, would be 0.25. Enter the mileage round trip from the office to the facility for mobilization of the equipment and oversight personnel. Complete #6 above for the disposal of the contaminated water.
13. **Laboratory Analysis.** Enter the number of samples collected and analyzed at a laboratory. If analyses are required that are not listed above, enter the actual cost under "Other" and include the invoice that documents the actual cost as an attachment to this reimbursement worksheet.
14. **Reporting.** Enter 1 by the report requested and submitted.
15. **Name of Owner/Operator.** Enter the name of the applicant that applied to the cabinet for reimbursement.
16. **Mailing Address.** Enter the address of the applicant.
17. **City, State, Zip.** Enter the city, state and zip code of the applicant.
18. **Name of Contact Person and Telephone Number.** Enter the name of the contact person and their telephone number, including area code.
19. **Applicant Signature and Date.** The Applicant or authorized personnel shall sign and date the form.
20. **Title of Applicant/Authorized Representative.** Print the title of applicant or authorized representative.
21. **Certified Contractor Signature and Number.** The Certified Contractor listed for this facility shall sign and include their certification number on the form.
22. **Certified Company Representative Signature and Certified Company Number.** The Certified company representative shall sign and include the company certified number on the form.